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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

843.43861X00

First Inventor

OKAMOTO, TAKEKI

Title

DISK ARRAY APPARATUS AND CONTROL  
METHOD FOR THE SAME

Express Mail Label No.

**APPLICATION ELEMENTS**

SEE MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

- 1.
- ☒
- Fee Transmittal Form (e.g., PTO/SB/17)
- 
- (Submit an original and a duplicate for fee processing)

- 2.
- ☐
- Applicant claims small entity status.
- 
- See 37 CFR 1.27.

- 3.
- ☒
- Specification [Total Pages:
- 59**
- ]
- 
- (preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

- 4.
- ☒
- Drawing(s) (35 U.S.C. 113) [Total Sheets:
- 22**
- ]

5. Oath or Declaration [Total Sheets: \_\_\_\_\_]

- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
Named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b)

- 6.
- ☐
- Application Data Sheet. See 37 CFR 1.76

- 7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

- 9. ☐ Assignment Papers (cover sheet & documents(s))
- 10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
- 11. ☐ English Translation Document (if applicable)
- 12. ☒ Information Disclosure ☒ Copies of IDS Citations  
Statement (IDS)/PTO-1449
- 13. ☐ Preliminary Amendment
- 14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- 15. ☒ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- 16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
- 17. ☒ Other: **Credit Card Payment Form; Figs. 1-25;**

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner: \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**☒ Customer Number

020457

OR ☐ Correspondence address below

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City

State

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Fax

(703) 312-6666

Name (Print/Type)

Carl I. Brundidge

Registration No. (Attorney/Agent)

29,621

Signature

Date

May 20, 2004

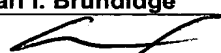
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13281  
052004

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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>																																																																																																																																																																	
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<b>METHOD OF PAYMENT</b> (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order  <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <b>01-2135</b> Deposit Account Name: <b>Antonelli, Terry, Stout &amp; Kraus, LLP</b>  The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application.  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																	
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	<b>Carl I. Brundidge</b>	Registration No. (Attorney/Agent)	<b>29,621</b>
Signature		Telephone	<b>703-312-6600</b>
		Date	<b>05/20/2004</b>

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